Supplemental Application Data Sheet

Application Information

Application Type:: Regular Subject Matter:: Utility

Suggested Classification::
Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of Copies of CDs::

Sequence Submission?:: None
Computer Readable Form (CRF):: No

Number of copies of CRF:: 0

Title:: SHAFT CLAMP ASSEMBLY

Attorney Docket Number:: 4516-1006 4502-1095

Request for Early Publication?:: No Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 4

Small Entity?:: Yes

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Gov't Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: NEW ZEALAND

Status:: Full Capacity

Given Name:: WAYNE

Middle Name:: PETER

Family Name:: KILLIP

Name Suffix::

City of Residence:: AUCKLAND

State or Province of

Residence::

Country of Residence:: NEW ZEALAND

Street of Mailing 207B WOODLANDS PARK ROAD, TITIRANGI

Address::

City of Mailing Address:: AUCKLAND

State or Province of Mailing Address::

Country of Mailing Address:: NEW ZEALAND

Postal or Zip Code of Mailing Address:: 1007

Correspondence Information

Correspondence Customer 00466

Number::

Representative Information

| Representative Customer | 00466 | |
|-------------------------|-------|--|
| Number:: | | |

Domestic Priority Information

| Application:: | Continuity | Parent | Parent Filing |
|------------------|-------------------|-------------------|---------------|
| | Type:: | Application:: | Date:: |
| This application | National Stage of | PCT/NZ2004/000090 | 5/17/04 |
| | | | |

Foreign Priority Information

| Country:: | Application | Filing Date:: | Priority |
|-------------|-------------|---------------|-----------|
| | Number:: | | Claimed:: |
| NEW ZEALAND | 525896 | 5/15/03 | Yes |
| | | | |

Assignment Information

Assignee Name::

Street of Mailing

+-

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::